



It's Not Business as Usual

CB ER, 2002

**Reorganization, PDUFA, MDUFMA,
GMPs and Countering Terrorism**

PDA Annual Meeting

New Orleans, LA

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Deputy Director, Operations

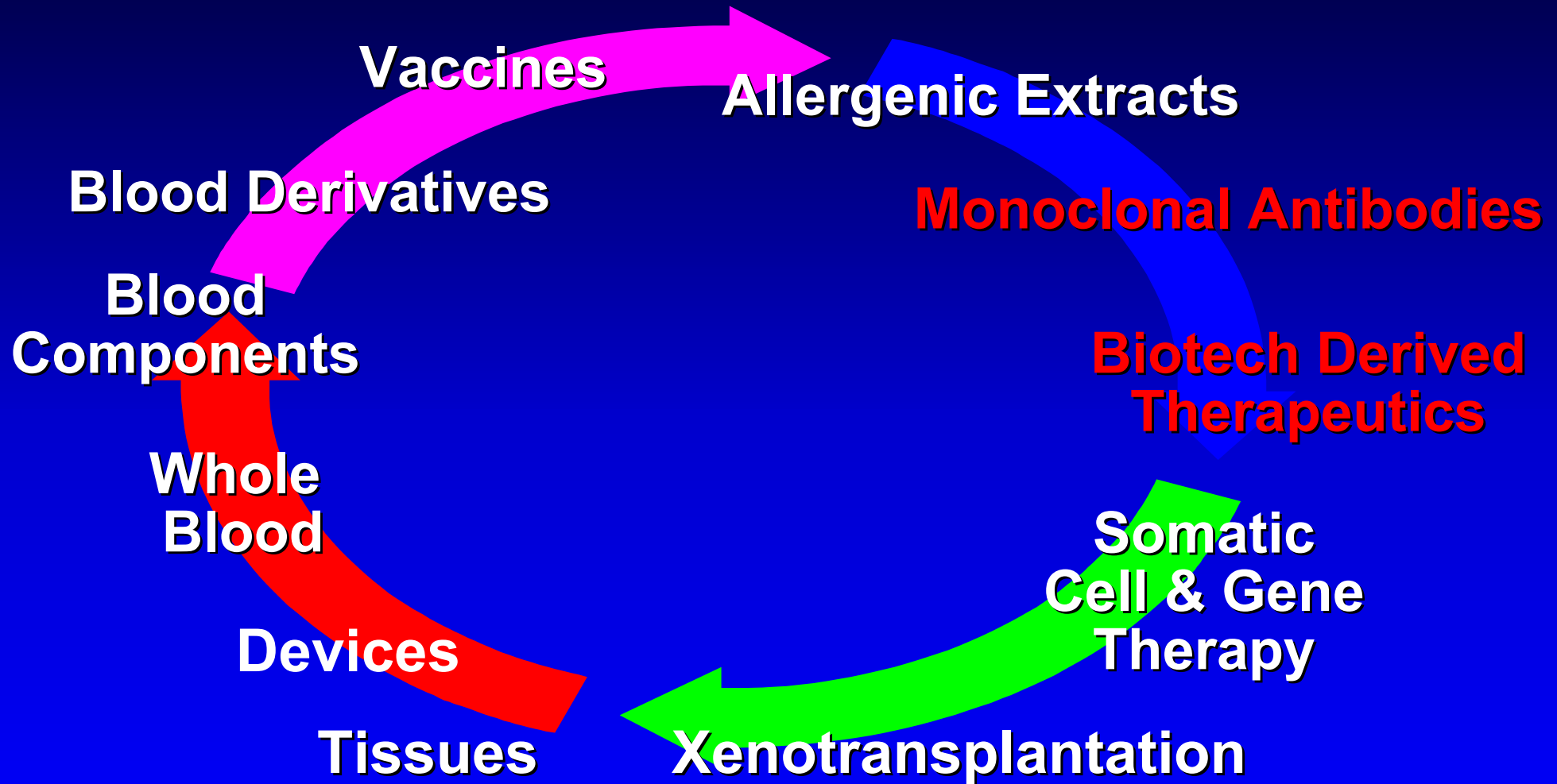
Center for Biologics Evaluation and Research

December 14, 2002

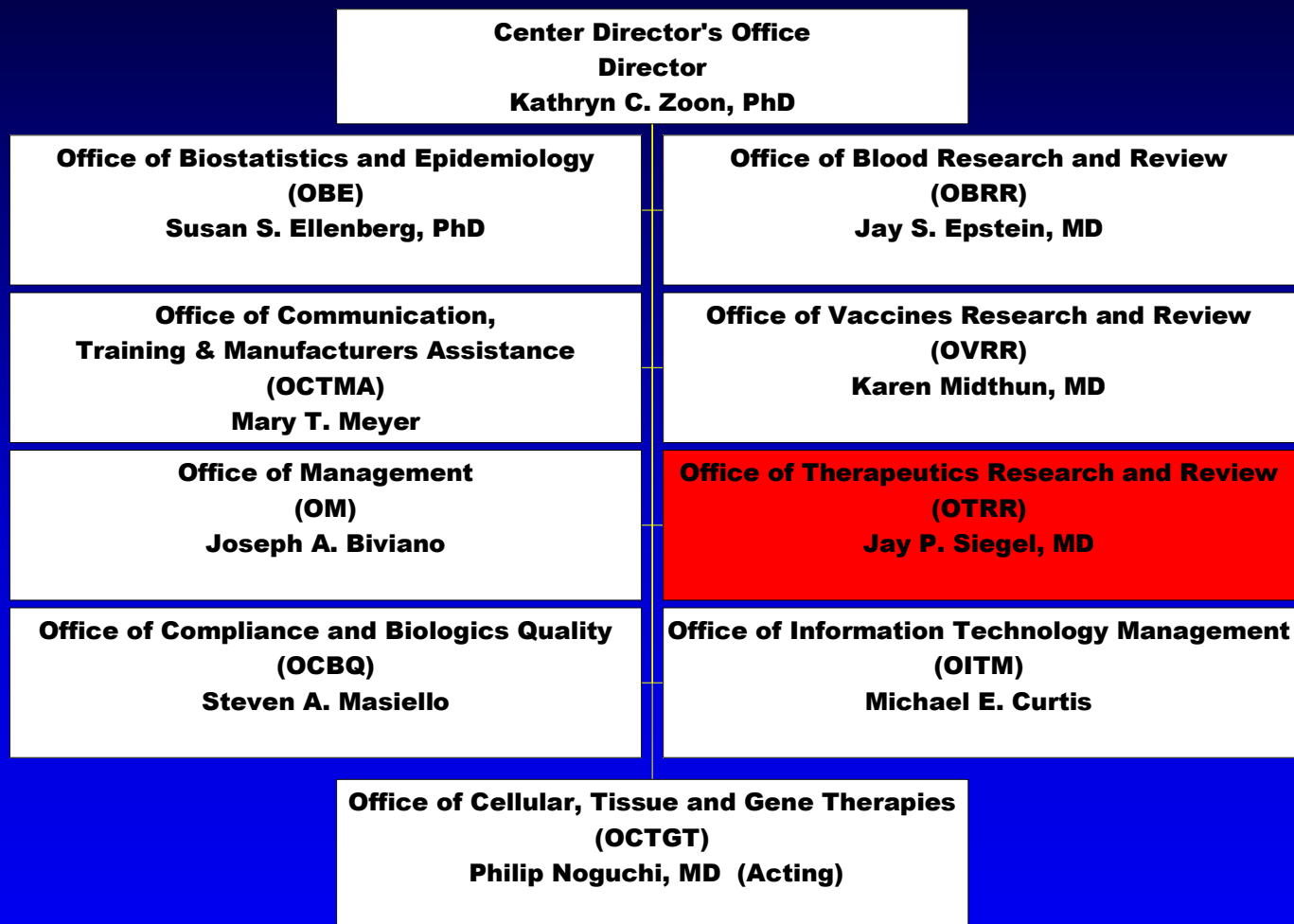
REORGANIZATION



BIOLOGICAL PRODUCTS REGULATED BY CBER



CBER Organization



What's Going

Monoclonal antibodies

**Cytokines, growth factors, enzymes,
interferons -- (including recombinant
versions)**

**Proteins intended for therapeutic use that are
extracted from animals or microorganisms**

Other therapeutic immunotherapies



What's Staying

Monoclonal antibodies, cytokines, growth factors, or other proteins when used solely as an ex vivo constituent in a manufacturing process / when used solely as a reagent in the production of a product that is under the jurisdiction of CBER

Viral-vectored gene insertions (i.e., “gene therapy”)

Products composed of human or animal cells or from physical parts of those cells



What's Staying (continued)

Plasma expanders

Allergen patch tests

Allergenics

Antitoxins, antivenins, and venoms

In vitro diagnostics

Vaccines

**Toxoids and toxins intended for
immunization**



PDUFA



The OTRR, CBER record

Science-based regulation of biologic therapeutics at OTRR has played a central role in the development and availability of safe and effective products of biotechnology that are revolutionizing medicine.

OTRR scientists/physicians work independently of but closely with regulated biotechnology.

- Extraordinary number of meetings**
- Timely, science based guidance**

OTRR scientists/physicians have provided international leadership in the science-based regulation of biotechnology products.



The OTRR, CBER record (continued)

The number of new product approvals is increasing.

Despite the complexity and novelty of biotechnology products, review times and approval times compare favorably with those for other types of drugs.

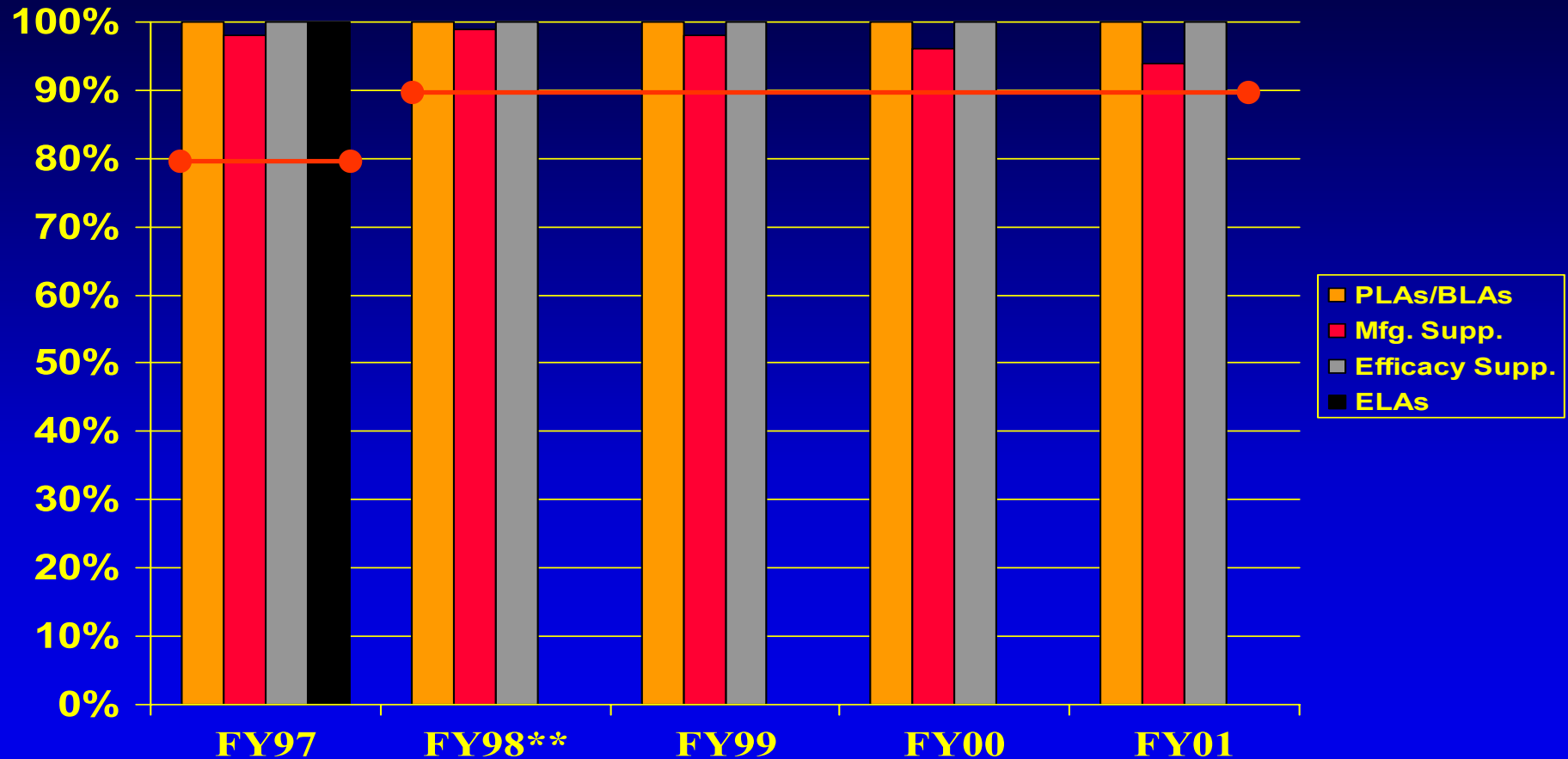
Biological therapeutics are often available first in the U.S.

There has *never* been need to recall an OTRR-approved biotechnology drug due to safety concerns.



CBER User Fee Review Performance License Applications and Supplements

% of First Actions Within Goal*
By Cohort Fiscal Years 1997-2001



* PDUFA Performance Goals: FY97 - FY01=90% (Indicated by Red Lines)

** Beginning in FY98 ELAs were no longer included in PDUFA goals

Data through 30 Sep 02; FY 01 is not yet complete.

(253bp)RIMS 10/02/02



CBER PDUFA II Procedural and Processing Goals Performance (as of October 31, 2002)

Regulatory Meetings Management										
Fiscal Year	Goal	Meeting Requests Received	Actions Within Goal			Actions Overdue			% Completed Within Goal ¹	PDUFA Goal
			Completed	Pending	Total	Completed	Pending	Total		
FY 1999	Response	387	283	0	283	104	0	104	73%	70%
	Held	364	321	0	321	43	0	43	88%	
	Minutes	328	282	0	282	46	0	46	86%	
FY 2000	Response	312	302	0	302	10	0	10	97%	80%
	Held	294	277	0	277	14	3	17	94%	
	Minutes	251	229	0	229	19	3	22	91%	
FY 2001	Response	281	275	0	275	6	0	6	98%	90%
	Held	246	218	21	239	6	1	7	97%	
	Minutes	180	157	20	177	3	0	3	98%	
FY 2002	Response	412	399	0	399	12	1	13	97%	90%
	Held	372	306	53	359	7	6	13	96%	
	Minutes	288	245	27	272	5	11	16	94%	

¹ - of those that have reached the goal date



CBER PDUFA II Procedural and Processing Goals Performance – *cont.*

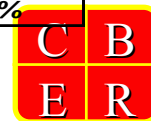
(as of October 31, 2002)

Special Protocol Assessment									
Fiscal Year	Protocol Review Requests Received	Actions Within Goal			Actions Overdue			% Completed Within Goal ¹	PDUFA Goal
		Completed	Pending	Total	Completed	Pending	Total		
FY 1999	0								60%
FY 2000	0								70%
FY 2001	1	1	0	1	0	0	0	100%	80%
FY 2002	4	4	0	4	0	0	0	100%	90%

Major Dispute Resolution									
Fiscal Year	Dispute Resolution Requests Received	Actions Within Goal			Actions Overdue			% Completed Within Goal ¹	PDUFA Goal
		Completed	Pending	Total	Completed	Pending	Total		
FY 1999	1	1	0	1	0	0	0	100%	70%
FY 2000	0								80%
FY 2001	2	2	0	2	0	0	0	100%	90%
FY 2002	4	4	0	4	0	0	0	100%	90%

Responses to Clinical Holds									
Fiscal Year	Responses to Clinical Holds Received	Actions Within Goal			Actions Overdue			% Completed Within Goal ¹	PDUFA Goal
		Completed	Pending	Total	Completed	Pending	Total		
FY 1998	22	18	0	18	4	0	4	82%	75%
FY 1999	77	73	0	73	4	0	4	95%	90%
FY 2000	89	87	0	87	2	0	2	98%	90%
FY 2001	125	115	0	115	10	0	10	92%	90%
FY 2002	122	112	7	119	3	0	3	97%	90%

¹ - of those that have reached the goal date



Number of Cycles to Approval

**From CY 1995-2001, OTRR approved
41% of the original BLAs submitted
within 1 cycle**

19% took 3 or more cycles

**Numbers are comparable to NMEs
approved during this same time period**



Number of Approvals Within 12 Months

CY 1996-2000, 14 of 22 BLAs submitted to OTRR approved within 12 months (64%)

13 were priority review; 10 within 12 months

9 were standard review; 4 approved within 12 months



OTRR Meeting Goal Performance Under PDUFA II

**Response to Meeting Requests: 99%
within goal**

Meetings Held: 99% within goal

Meeting Minutes: 99% within goal

**Non-PDUFA Products: 97%, 97% and
94%, respectively**

Source: FY 2001 Report to Congress



PERFORMANCE GOALS

PDUFA II vs. PDUFA III

Original NDA/BLA Submissions:	No Change
Original NDA/BLA Resubmissions:	No Change
Original Efficacy Supplements:	No Change
Resubmitted Efficacy Supplements:	Modified
Original Manufacturing Supplements:	No Change
New Molecular Entity (NME):	No Change
Clinical Holds:	No Change
Major Dispute Resolution:	No Change
Special Protocol Question :	No Change
Meeting Management:	Technical Change



PDUFA III – NEW PROGRAMS

Continuous Marketing Application (CMA)

**Independent Consultants for Biotechnology
Clinical trial Protocols**

**Pre and Peri-NDA/BLA Risk Management Plan
Activities**

First Cycle Review Performance Proposal

Improving FDA Performance Management

Electronic Applications and Submissions



Electronic Submissions Goals

Assist the reviewer community in meeting PDUFA review goals

Provide reviewers with intuitive, standard presentations and tools to review electronic submissions effectively

Provide the ability to manage all CBER submission types, starting with INDs, BLAs, and Promotional Labeling (current) with future functionality for 510(k)s and PMAs



Electronic Submissions Goals

Establish electronic submissions standards and guidance for Industry

Enable CBER to meet PDUFA and FDAMA electronic submissions mandates and timelines

Decrease administrative processing time and costs of the submission process

Enhance processes through electronic routing and secure transmission of information



Submission & Review Tools

Electronic Document Room (EDR)

- Provides the core system for CBER e-sub

Electronic Secure Messaging (ESM)

- Provides a secure communications channel between CBER and Industry

Electronic Signature

- Digital signatures compliant with 21 CFR Part 11

E-Routing

- Provides fully electronic workflow for routing



Status

CBER is the first Center to accept fully electronic regulatory documents with digital signatures and automated submission and processing via ESM

The EDR, ESM, and e-Routing are a complete, robust set of review tools to meet reviewer needs, developed in conjunction with the reviewer community

CBER's electronic submission infrastructure and applications may form the core of an overall FDA electronic submission toolset

The CBER Electronic Submissions program is robust and has made great strides since its inception in 1996



MDUFMA



Key Provisions of MDUFMA

Medical device user fees *and* additional appropriations.

Third-party establishment inspections.

Greater oversight of reprocessed single-use devices.

Electronic labeling.

Modular Review.

FDA-OC oversight of combination products.



Medical Device User Fees

Fees for PMAs, PDPs, BLAs, premarket reports (PMA for a reprocessed single-use device), certain supplements, 510(k)s.

\$25.1 million in fee revenues during FY 2003, rising to \$35 million in FY 2007 (*plus* adjustments).

***Plus* \$15 million additional appropriations brings total new FDA resources to \$40.1 million for FY 2003, rising to \$50+ by 2007.**



User Fees (con't)

First year fees range from \$154,000 for a premarket application, to \$2,187 for a 510(k).

Reduced fees to protect small businesses. Small = sales and receipt \$30,000,000 or less.

Small business fees are 38% of standard fee, except for 510(k), which is 80%

Small business fee for 510(k) starts FY 2004.

Sunset October 1, 2007



GMPs



Pharmaceutical cGMPs for the 21st Century A Risk Based Approach

Publicly announced on August 21, 2002

**Broadens/merges science-based risk
management with an integrated quality
systems approach**

**Evaluation of approach to product quality
regulation**

**Includes human drugs, biological drugs, and
veterinary drugs**

First Goal

Enhance focus of agency's cGMP requirements more squarely on potential risks to public health

Provide additional regulatory attention and agency resources on those aspects of manufacturing that pose greatest potential risk



Second Goal

Help ensure that FDA's establishment and enforcement of pharmaceutical product quality standards does not impede innovation and introduction of new manufacturing technologies in the pharmaceutical industry



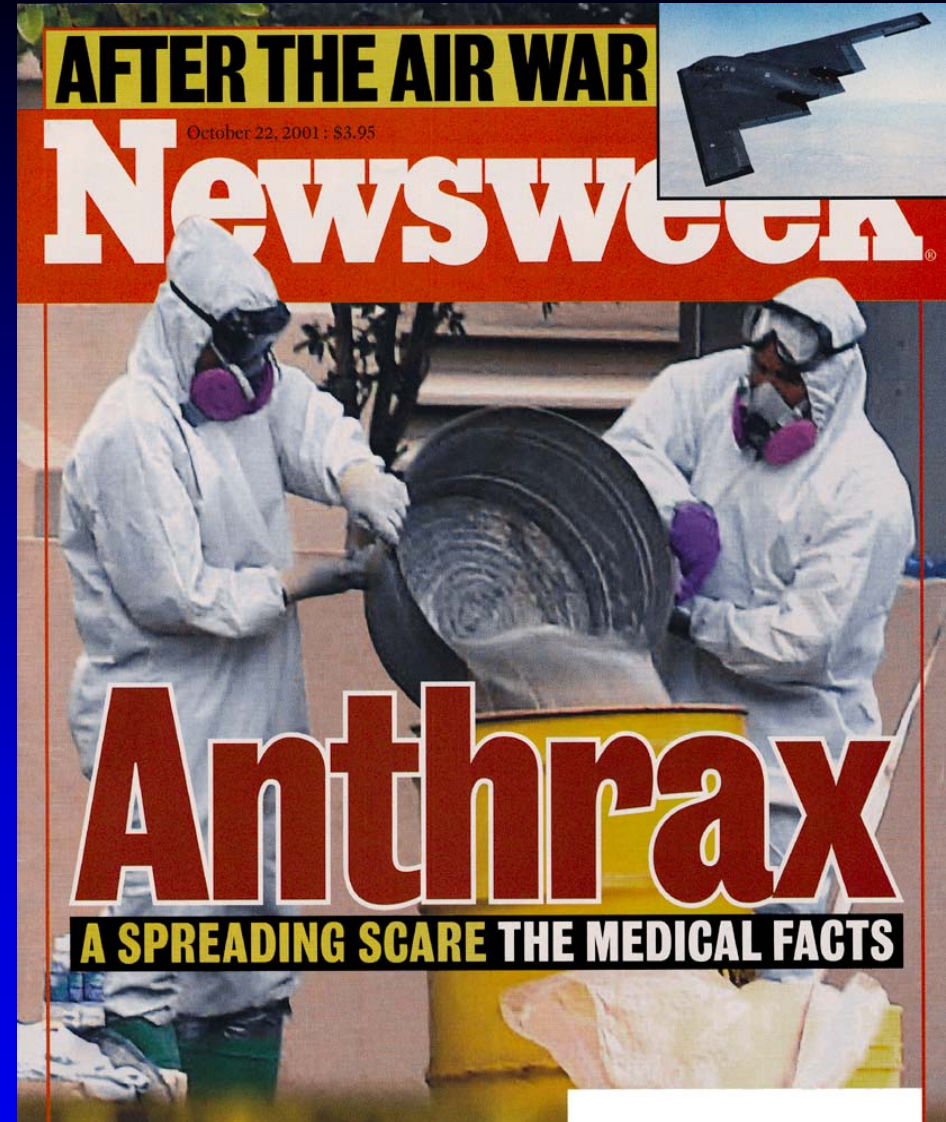
Third Goal

Enhance consistency and predictability of FDA's approach to assuring production quality and safety among FDA Centers and field components



COUNTERING TERRORISM





COUNTER- BIOTERRORISM

Countering Bioterrorism CBER

Facilitate the availability of necessary medical products

Scientific infrastructure to ensure availability of approved medical products

Ensure availability of specialized equipment and facilities for containment

Establish and disseminate the necessary guidance/standards



Key Actions

CBER

Expedite development and licensure of new vaccines for anthrax, smallpox, and associated VIG

Develop new approaches to approve medical products for countering bioterrorism

Continue activities related to stockpile and product shortages

Participate in numerous collaborative activities with other government agencies



HOW TO GET INFORMATION FROM CBER

Send E-MAIL to:

“CBER_INFO@CBER.FDA.GOV”

“OCTMA@CBER.FDA.GOV”

To visit CBER's Home page:

“www.fda.gov/cber”

